

Colorado Diabetes Prevention Program Action Plan

Long Term Goals:

By 2017, Colorado has a Diabetes Prevention Program that is easily accessible to all Colorado adults with pre-diabetes that balances affordability and accountability among providers, payers, and patients.

Intermediate Term Goals:

1. By 2014, mechanisms are established to screen, identify, and enroll individuals with pre-diabetes to Recognized Diabetes Prevention Programs.
2. By 2014, six or more organizations statewide deliver Recognized Diabetes Prevention Programs that are linguistically and geographically diverse.
3. By 2014, the top seven public/private insurers include Recognized Diabetes Prevention Programs as a covered benefit and operationalize reimbursement similar to the DPCA model.
4. By 2016, five of the top ten self-funded employers include Recognized Diabetes Prevention Programs as a covered benefit and operationalize reimbursement similar to the DPCA model.

Short Term Goals:

1. By December 2012 a communication plan is developed and executed to inform providers, payers and the public about Recognized Diabetes Prevention Programs.

Key Activities to Address Objectives(s)	Eval Method/Indicators	Lead Person(s)	Describe implementation
SHORT TERM			
<p>2. By December 2012 a communication plan is developed and executed to inform providers, payers and the public about Recognized Diabetes Prevention Programs.</p> <p>Strategies:</p> <ol style="list-style-type: none"> 1. Develop and align key communication messages and opportunities with partner efforts. <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Draft communication plan with stakeholder input to include: <ul style="list-style-type: none"> – key messages for each audience (providers, payers, public) – List of venues, conferences, events to reach each audience and outreach plan 	<p>Communication plan and products have been completed</p>		

<ul style="list-style-type: none"> - Communication products such as talking points, Return on Investment (ROI) data, presentation slides <ol style="list-style-type: none"> 2. Identify partners who have related communication campaign, resources, channels, expertise for each audience. 3. Identify champions/advocates to carry messages forward to each audience. <p>Strategies:</p> <ol style="list-style-type: none"> 2. Establish communication tools for ongoing partner communication and working documents. <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Website for working documents, communication for DPP facilitators (Learning Collaborative), DPP Advisory Group, status of Recognized Diabetes Prevention Programs in CO, resources/redirection for providers, payers, public. 	<p>Create Google site. Track media targets by partners including messages via social media, op-eds, newsletters, website posts. Consider DPP sites tracking “where did you hear about DPP?”</p>		
INTERMEDIATE TERM			
<p>1. By 2014, mechanisms are established to screen, identify, and enroll individuals with pre-diabetes to Recognized Diabetes Prevention Programs.</p> <p>Strategies:</p> <ol style="list-style-type: none"> 1. Create an inventory of current mechanisms that screen, identify and refer/enroll people with pre-diabetes. <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Convene a team that represents constituents who may have current mechanisms (healthcare providers, laboratories, retail pharmacies, employers, insurers, health fairs, Colorado Health Benefit Exchange) 	<ol style="list-style-type: none"> 1. Team convened 2. Spreadsheet/inventory populated and maintenance plan in place 		

<p>2. Develop a spreadsheet to inventory current identification systems.</p> <p>3. Identify enrollment mechanisms (e.g. MyNetico, AHECS, 2-1-1 etc.)</p> <p>Strategies:</p> <p>2. Partner with organizations to assist in identifying high risk individuals and financial support to attend Recognized Diabetes Prevention Programs.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Seek funding to provide financial assistance for high risk individuals to attend Recognized Diabetes Prevention Programs that may not offer a sliding scale. 2. Identify partner organizations to assist in identification of high risk uninsured individuals 	<p>Grant application to Colorado Health Foundation submitted. Grant awarded.</p>		
<p>2. By 2014, six or more statewide organizations Recognized Diabetes Prevention Programs that are linguistically and geographically diverse.</p> <p>Strategies:</p> <p>Identify organizations who currently offer evidence based programs and use the capacity assessment tool from the CDC.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Identify potential deliverers and assist them with self-assessment, training and recognition application process. <ol style="list-style-type: none"> a. Identify locations of state agencies and capacity of organizations in the area to offer a Recognized Diabetes Prevention Program. b. UHG will map membership in CO by zip code to show high risk prevalence to help determine which CBO's and YMCA's to 	<p># of sites offering DPP in English and in Spanish.</p> <p># of sites who offer DPP in several locations (ie outside four walls).</p>		

<p>train.</p> <p>c. Work with Denver Metro YMCA in bringing additional YMCA's onboard to offer YDPP.</p> <p>2. Form the coalition of DPP providers/Learning Collaborative</p> <p>3. Provide organizations with necessary information and resources to determine start up costs and investments needed to train and offer a Recognized Diabetes Prevention Program.</p>			
<p>3. By 2014, the top seven public/private insurers include Recognized Diabetes Prevention Programs as a covered benefit and operationalize reimbursement similar to the DPCA model.</p> <p>Strategies: By 2013, engage the top ten employers and top seven insurers in discussions of the National DPP lifestyle intervention feasibility including cost benefits of the program.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Present to the Colorado Prevention Alliance 2. Engage additional stakeholders such as the Colorado Association of Health Plans and Insurance Brokers 3. Identify the champions and decision makers within each of the top ten health plans. 4. Identify insurer groups and engage in current meetings, venues, through trusted sources. 5. Use products from communication plan to present to decision makers 	<p># of health plans covering DPP.</p>		
<p>4. By 2016, five of the top ten self-funded employers include Recognized Diabetes Prevention Programs as a covered benefit and operationalize reimbursement similar to the DPCA model.</p>	<p># of self-funded employers covering DPP.</p>		

<p>Strategies: Identify decision makers of large employers who support employee participation in Recognized Diabetes Prevention Programs to share ROI data with other self-funded large employer groups.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Identify self-funded employers and identify champions and decision makers 2. Develop business case for reimbursement based on ROI. 3. Ask UHG representative to present information about MyNetico to employers. 4. Leverage Live Well at Work movement <ol style="list-style-type: none"> a. Identify participating employer groups and early adopters b. Share communication plan, messages, and align efforts 5. Collect data from NGA demonstration for ROI 			
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Timeline:

Phase 1: July 2012-July 2013: Engage insurers and employers about Recognized Diabetes Prevention Programs and use data from the CDPHE Diabetes Prevention Program Demonstration Project. Implement Communication Plan.

Phase 2: July 2013- July 2014, DPP offered to all state employees (via YMCA and Kaiser and recognized organizations). Enhance mechanisms to identify and refer people with pre-diabetes to Recognized Diabetes Prevention Program.

Phase 3: July 2014-July 2017, use outcome and ROI data gathered from phase 1 and 2 to expand coverage by other health plans and employers in order for all CO adults to have access to a Recognized Diabetes Prevention Program.

Resources

HAVE:

- Champions—Kaiser, Denver Health, Denver Health, UHC, State, CBGH, University of Colorado, Live Well
- NGA, ADA
- State Health Department
- YMCA
- Winnable goal
- CO Prevention Council
- Communications at CDPHE and Live Well

NEED:

- Employer champions
- Health Plans (Colorado Association of Health Plans)
- Self-funded plan expert
- Broker
- Pool of primary prevention funding
- Designated lead/Project Management
- Cash
- Collaboration around state initiatives

PEOPLE**ALLIES**

- Champions—Kaiser, Denver Health, Denver Health, UHC, State, CBGH, University of Colorado, Live Well, 9Health
- NGA, ADA
- State Health Department
- YMCA
- CDC
- NACDD
- CO Prevention Council
- Colorado Community Health Centers
- Retail clinics
- Pharmacists
- Pharma
- RCCO
- School of Pharmacy
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RESISTORS

- Health Plans
- Consumer
- Providers
- Employers
- Other competing programs
- Those who perceive it to be “categorical”
- Disease management vendors
- CMS/Medicare

UNSURE

- Medicaid
- Coalition for Aging Well
- Health Care Policy and Finance
- Colorado Rural Health Center
- Colorado Community Health Centers
- Colorado AHECs
- CALPHO
- Provider groups
- Latino Policy and Research Center
- Rocky Mountain Association of Diabetes Educators
- Funders (local foundations)
- Funders for uninsured

RECOMMENDATIONS

- Create a shared vision statement

- Use the plans for Denver metro area to demonstrate statewide scalability
- Consider as a strategy a learning community that will engage local health departments and other CBOs